

Form 1040 U.S. Individual Income Tax Return 1989		Department of the Treasury—Internal Revenue Service	
		For the year Jan.–Dec. 31, 1989, or other tax year beginning , 1989, ending	
Label Use IRS label. Otherwise, please print or type. L A B E L H E R E		Your first name and initial _____ Last name _____ If a joint return, spouse's first name and initial _____ Last name _____ Home address (number and street). (If a P.O. box, see page 7 of Instructions.) Apt. no. _____ City, town or post office, state and ZIP code. (If a foreign address, see page 7.) _____	
		, 19 OMB No. 1545-0074 Your social security number _____ Spouse's social security number _____ For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	
Presidential Election Campaign ➤ Do you want \$1 to go to this fund? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Note: Checking "Yes" will not change your tax or reduce your refund.	
Filing Status Check only one box.		1 Single 2 Married filing joint return (even if only one had income) 3 Married filing separate return. Enter spouse's social security no. above and full name here. 4 Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. 5 Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 7 of Instructions.)	
Exemptions (See Instructions on page 8.)		6a <input type="checkbox"/> Youself If someone (such as your parent) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2 b <input type="checkbox"/> Spouse c Dependents: (1) Name (first, initial, and last name) (2) Check if under age 2 (3) If age 2 or older, dependent's social security number (4) Relationship (5) No. of months lived in your home in 1989 (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ _____ : _____ : _____ : _____ : _____ d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ► <input type="checkbox"/> e Total number of exemptions claimed	
Income Please attach Copy B of your Forms W-2, W-2G, and W-2P here.		7 Wages, salaries, tips, etc. (attach Form(s) W-2) 7 8a Taxable interest income (also attach Schedule B if over \$400) 8a b Tax-exempt interest income (see page 10). DON'T include on line 8a 8b 9 Dividend income (also attach Schedule B if over \$400) 9 10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instructions 10 11 Alimony received 11 12 Business income or (loss) (attach Schedule C) 12 13 Capital gain or (loss) (attach Schedule D) 13 14 Capital gain distributions not reported on line 13 (see page 11) 14 15 Other gains or (losses) (attach Form 4797) 15 16a Total IRA distributions 16a 16b Taxable amount (see page 11) 16b 17a Total pensions and annuities 17a 17b Taxable amount (see page 12) 17b 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 18 19 Farm income or (loss) (attach Schedule F) 19 20 Unemployment compensation (insurance) (see page 13) 20 21a Social security benefits 21a 21b Taxable amount (see page 13) 21b 22 Other income (list type and amount—see page 13) 22 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ► 23	
Adjustments to Income Please attach check or money order here.		24 Your IRA deduction, from applicable worksheet on page 14 or 15 24 25 Spouse's IRA deduction, from applicable worksheet on page 14 or 15 25 26 Self-employed health insurance deduction, from worksheet on page 15 26 27 Keogh retirement plan and self-employed SEP deduction 27 28 Penalty on early withdrawal of savings 28 29 Alimony paid. a Recipient's last name _____ and b social security number 29 30 Add lines 24 through 29. These are your total adjustments ► 30	
Adjusted Gross Income (See Instructions on page 14.)		31 Subtract line 30 from line 23. This is your adjusted gross income . If this line is less than \$19,340 and a child lived with you, see "Earned Income Credit" (line 58) on page 20 of the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions ► 31	

**GOVERNMENT
EXHIBIT**

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 No. 77

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Tax Computation	32 Amount from line 31 (adjusted gross income)	32	
	33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here.	► 33a <input type="checkbox"/>	33a
	b If someone (such as your parent) can claim you as a dependent, check here	► 33b <input type="checkbox"/>	
	c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here.	► 33c <input type="checkbox"/>	33c
	34 Enter the { • Your standard deduction (from page 17 of the Instructions), OR larger { • Your itemized deductions (from Schedule A, line 26). of: If you itemize, attach Schedule A and check here	► <input type="checkbox"/>	
	35 Subtract line 34 from line 32. Enter the result here	35	35
	36 Multiply \$2,000 by the total number of exemptions claimed on line 6e	36	
	37 Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here ► <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.	37	37
	38 Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615. (If any is from Form(s) 8814, enter that amount here ► d _____.)	38	
	39 Additional taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	39
40 Add lines 38 and 39. Enter the total	40		
Credits (See Instructions on page 18.)	41 Credit for child and dependent care expenses (attach Form 2441)	41	
	42 Credit for the elderly or the disabled (attach Schedule R)	42	42
	43 Foreign tax credit (attach Form 1116)	43	
	44 General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify) _____	44	
	45 Credit for prior year minimum tax (attach Form 8801)	45	45
	46 Add lines 41 through 45. Enter the total	46	
	47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)	47	
Other Taxes (Including Advance EIC Payments)	48 Self-employment tax (attach Schedule SE)	48	
	49 Alternative minimum tax (attach Form 6251)	49	49
	50 Recapture taxes (see page 18). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	50	
	51 Social security tax on tip income not reported to employer (attach Form 4137)	51	51
	52 Tax on an IRA or a qualified retirement plan (attach Form 5329)	52	
53 Add lines 47 through 52. Enter the total	53	53	
Medicare Premium	54 Supplemental Medicare premium (attach Form 8808)		54
	55 Add lines 53 and 54. This is your total tax and any supplemental Medicare premium	55	55
Payments	56 Federal income tax withheld (if any is from Form(s) 1099, check ► <input type="checkbox"/>)	56	
Attach Forms W-2, W-2G, and W-2P to front.	57 1989 estimated tax payments and amount applied from 1988 return	57	57
	58 Earned income credit (see page 20)	58	
	59 Amount paid with Form 4868 (extension request)	59	59
	60 Excess social security tax and RRTA tax withheld (see page 20)	60	
	61 Credit for Federal tax on fuels (attach Form 4136)	61	61
	62 Regulated investment company credit (attach Form 2439)	62	
	63 Add lines 56 through 62. These are your total payments	63	63
Refund or Amount You Owe	64 If line 63 is larger than line 55, enter amount OVERPAID	64	
	65 Amount of line 64 to be REFUNDED TO YOU	65	65
	66 Amount of line 64 to be APPLIED TO YOUR 1990 ESTIMATED TAX ► 66	66	
	67 If line 55 is larger than line 63, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1989 Form 1040" on it	67	67
	68 Penalty for underpayment of estimated tax (see page 21)	68	

Sign Here

(Keep a copy of this return for your records.)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
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Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation
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Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
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Firm's name (or yours if self-employed) and address	E.I. No.
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ZIP code
